

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

July 31, 2017

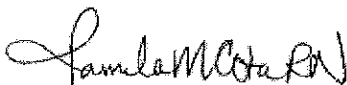
Ms. Peggy Degoosh Hitchener, Manager
Frances Atkinson Residence For The Retired
4717 Main Street
Newbury, VT 05051

Dear Ms. Degoosh Hitchener:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on June 21, 2017. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	JUL 27 2017	(X3) DATE SURVEY COMPLETED 06/21/2017
NAME OF PROVIDER OR SUPPLIER FRANCES ATKINSON RESIDENCE FOR THE R		STREET ADDRESS, CITY, STATE, ZIP CODE 4717 MAIN STREET NEWBURY, VT 05051			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R100	Initial Comments: An unannounced onsite re-licensing survey was completed by the Division of Licensing and Protection from 6/20 - 6/21/17. The following regulatory violations were identified.	R100			
R112 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.2 Admission 5.2.d On admission each resident shall be accompanied by a physician's statement, which shall include: medical diagnosis, including psychiatric diagnosis if applicable. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that a newly admitted resident had an accompanying physician's statement that included all the required information, for one resident sampled (Resident #1). Findings include: Resident #1 was admitted in January of 2017. Per review of the medical record, there was no physician's admitting statement that included the resident's appropriateness for level three care, diagnoses, and diet orders. The only information received on admission was a medication list. The documentation from the physician with diagnoses and other info regarding this resident was not received until May 2017. Per interview on 6/20/17 at 2:20 PM, the Registered Nurse of the home confirmed that they had not acquired a written physician's statement with diagnoses or diet orders upon admitting this resident.	R112	<p>Resident assessment was completed 6-26-17. The resident switched doctors. The family brought her from home. Physician was given admission order form, but would not write the order. Multiple attempts were made to get the orders by the RN and director.</p> <p>ALL admissions from 6/21/17 on will not be allowed to come into the home unless the doctors admission orders are completed. This will also be expected from transfers returning from the hospitals.</p> <p>7/27/17 - Telephone addendum: Peg Degrosh stated that she (home manager) will be responsible for monitoring for ongoing compliance</p>		

R112 POC accepted 7/27/17 Karen Campbell

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Peg Degrosh

TITLE

Director

(X6) DATE

7-24-17

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/21/2017
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FRANCES ATKINSON RESIDENCE FOR THE R

**4717 MAIN STREET
NEWBURY, VT 05051**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R136	Continued From page 1	R136		
R136 SS=F	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.7. Assessment</p> <p>5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that residents were assessed on admission or annually reassessed for 9 of 11 residents sampled (Residents # 1, 2, 3, 4, 5, 6, 7, and 8). Sample expanded to determine the extent of non-compliance with this requirement. Findings include:</p> <p>1. Per record review, Resident #1 was admitted in January of 2017. The Resident Assessment was not completed or signed by the RN for this resident to include all the required items to be assessed.</p> <p>2. Per record review, Resident #2 was admitted in 2011. The last completed and signed Resident Assessment was completed 12/8/15, and there was no current reassessment available in the record.</p> <p>3. Per record review, Resident #3 was admitted to the home in 2011. The last annual reassessment form completed and signed by the former RN of the home on this resident was done</p>	R136	<p>Resident assessments will be done annually. The director will ascertain completion by doing monthly checks based on list of resident's last assessment and or 1 year from admission date</p> <p>Resident's 3, 4, 5, 6, 7 & 8 assessments are completed 7/18/17</p> <p>Completed and signed by RN</p> <p>Completed and signed by RN</p> <p>Completed - The original annual assessments were lost with chart thinning</p>	

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NAME OF PROVIDER OR SUPPLIER FRANCES ATKINSON RESIDENCE FOR THE R		STREET ADDRESS, CITY, STATE, ZIP CODE 4717 MAIN STREET NEWBURY, VT 05051		
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R136	Continued From page 2 4/7/15, over two years ago. 4. Per record review, Resident #4 was admitted in October of 2014. The last annual reassessment completed and signed by the former RN was done on 10/28/15, and there was no current one available in the record. 5. Per record review, Resident #5 was admitted to the home in April of 2013. The most recent reassessment of this resident was completed and signed by the nurse on 4/10/16, and there was no current one present in the record. 6. Per record review, Resident #6 was admitted to the home in August 2015. The only Resident Assessment available to review was completed at admission, and there was no reassessment completed due in August of 2016. 7. Per record review, Resident #7 was admitted in January of 2016. There was an admission assessment completed at that time, however no annual reassessment completed in 2017. 8. Per record review, Resident # 8 was admitted to the home in March of 2015. The last Resident Assessment completed and signed by the nurse was done on 4/20/16, and was overdue by a couple of months. Per interview on 6/20/17 at 2:35 PM, the Registered Nurse for the home confirmed that the Resident Assessments for these residents were not completed and signed either at admission or annually as required using the state provided assessment form.	R136	<p>7/27/17 TC: Addendum as stated by home manager: Manager + RN will be responsible for monitoring for compliance</p> <p>Completed 7-12-17 and signed by RN</p> <p>2017 Completed 7-18-17 signed by RN</p> <p>2017 assessment completed and signed by RN 7-5-17</p> <p>2017 assessment Completed and signed by RN on 7-19-17</p> <p>2017 assessment completed and signed by RN on 7-15-17</p> <p>All assessments current signed by RN and up to date</p> <p>List of dates compiled and in place for annual completion 7-19-17</p>	

R136 POC accepted w/ addendum 7/27/17 Karen Campbell

Assessments will also be done based on resident status change or need determined by RN

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R144	Continued From page 3	R144		
R144 SS=D	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.9.c.(1)</p> <p>Complete an assessment of the resident in accordance with section 5.7;</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that a newly admitted resident had a Resident Assessment completed and signed by the Registered Nurse within 14 days for 1 of 5 residents sampled (Resident #1). Findings include:</p> <p>Per record review, Resident #1 was admitted in January 2017. The Resident Assessment was only filled out with a couple of pages, and not completed or signed by the RN. Per review of the record, this resident requires medication administration by staff, and is monitored for memory problems, behaviors, mental health concerns, and other medical issues. The physician sent a medication list at admission, however information regarding diagnoses, diet orders, and any other monitoring to be done were not sent to the home until May of 2017. This resident requires nursing overview of medical issues as well as medication administration. Per interview on 6/20/17, the Registered Nurse confirmed that the MD statement with the exception of a medication list was not received until 4 months after admission, and the the Resident Assessment was not completed or signed for Resident #1.</p>	R144	<p>Completed and signed see previous page</p> <p>All assessments will be completed within 4 days of admission.</p> <p>Missing pages were located on 7-5-17. They had been misfiled.</p> <p>* Director will be responsible for compliance on monthly basis</p> <p>RN believes it was received long before the may date but was unable to produce from the file. MD statement is in residents file now</p> <p>R 144 POC accepted 7/22/17 Karen Lampert RN</p>	

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NAME OF PROVIDER OR SUPPLIER FRANCES ATKINSON RESIDENCE FOR THE R	STREET ADDRESS, CITY, STATE, ZIP CODE 4717 MAIN STREET NEWBURY, VT 05051
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R166	Continued From page 4	R166		
R166 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.10 Medication Management</p> <p>5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:</p> <p>(4) All medications must be administered by the person who prepared the doses unless the nurse responsible for delegation approves of an alternative method of preparation and administration of the medications.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, medications were administered by unlicensed staff to residents after being pre-poured by the previous shift's unlicensed staff. Findings include:</p> <p>Per observation and interview on 6/20/17 at noon med pass, the unlicensed staff administering medications was describing the medication system to this surveyor, and stated that the night shift pre-pours medications for the day staff as there are a lot of morning medications to pass. The staff person stated that this was common practice at the home, and that they had administered medications that morning that were prepared by the night staff and had not dispensed the medications themselves from the labeled bottle or the labeled bubble pack. Per interview on 6/20/17 at 1:00 PM, the Registered Nurse confirmed that they were aware of this practice of some of the med-delegated staff, and did not know that this was not an accepted practice according to the regulations.</p>	R166	<p>As of 6-21-17 All staff present and future will be pouring and administering their own medical passes</p> <p>As of 6-20-17 this practice NO longer occurs</p> <p>addendum per TC: 7/27/17 RN and home manager will be responsible for ongoing monitoring for compliance</p> <p>Poc R 166 accepted Karen Campor RN</p>	

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

FRANCES ATKINSON RESIDENCE FOR THE R 4717 MAIN STREET
NEWBURY, VT 05051

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R167 Continued From page 5

R167

R167 V. RESIDENT CARE AND HOME SERVICES
SS=D

R167

5.10 Medication Management

5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions:

(5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use.

This REQUIREMENT is not met as evidenced by:

Based on record review and staff interview, the home failed to ensure there was a written behavior plan for unlicensed staff to determine the appropriate administration of a PRN psychoactive medication for 1 of 5 residents reviewed (Resident #2). Findings include:

Per record review, Resident #2 had a PRN (as needed) order for Lorazepam 1 mg. PO (by mouth) every 6 hours as needed for anxiety. Per review of this resident's medication Administration Record, the Lorazepam had been given to them once in the month of June. There was no descriptive plan in the record to indicate to staff if there were non-pharmacologic interventions to

Dr. Order for behavioral plan was ordered on 6/20/17
The plan was developed and staff notified of the plan - staff read the plan with undesired side effects. This has been placed in the front of medication book for LNA's/RCA's to refer to specific

7/21/17 addendum:
RN and home manager will be responsible for monitoring for ongoing compliance

R167 POC accepted 7/21/17
Karen Campos RN

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R167	Continued From page 6 try, description of the behavior being targeted or circumstances when it would be appropriate to administer the medication, or the desired outcome of the medication. Per interview on 6/20/17 at 1:35 PM, the Registered Nurse confirmed that there was no plan in place for unlicensed staff for the use of this psychoactive medication for Resident #2.	R167	<p>Plan was written and developed by RN and director. This plan is filed on the med sheet 6/21/17</p> <p>1/27 addendum per TC w/ manager RN and home manager will be responsible for monitoring for ongoing compliance</p> <p>R181 POC accepted 1/27/17 Karen Campos RN</p>	
R181 SS=F	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.d The licensee shall not have on staff a person who has had a charge of abuse, neglect or exploitation substantiated against him or her, as defined in 33 V.S.A. Chapters 49 and 69, or one who has been convicted of an offense for actions related to bodily injury, theft or misuse of funds or property, or other crimes inimical to the public welfare, in any jurisdiction whether within or outside of the State of Vermont. This provision shall apply to the manager of the home as well, regardless of whether the manager is the licensee or not. The licensee shall take all reasonable steps to comply with this requirement, including, but not limited to, obtaining and checking personal and work references and contacting the Division of Licensing and Protection in accordance with 33 V.S.A. §6911 to see if prospective employees are on the abuse registry or have a record of convictions. This REQUIREMENT is not met as evidenced by: Based on personnel record review and staff interview, the home failed to ensure that	R181		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

FRANCES ATKINSON RESIDENCE FOR THE R

4717 MAIN STREET
NEWBURY, VT 05051

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R181 Continued From page 7

R181

background checks were completed for 2 of 4 employees reviewed. Findings include:

Per review of Employee #1, hired in the last 6 months, there was no result of a criminal background check for Vermont on file, and no evidence of a Child Abuse Registry check. For employee #2, hired in February 2016, there was no evidence of either Child or Adult Abuse Registry checks, or a Vermont criminal background check on file. Per interview on 6/6/16 at 1:40 PM, the Administrator of the home stated that these were not available in the files, and that there were no copies anywhere to show evidence they had been obtained prior to them providing direct care to residents.

Director contacted the Criminal State of Registry and was directed to the Child abuse registry. Information needed was gained. This has been rectified 6/22/17

TC addendum per home manager:
Home manager will be responsible for ongoing compliance

R181 PDC accepted 7/6/17
Karen Campos RN